

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		8/30/01
O.I.P.E. CLASSIFIER		43	9/6/01
FORMALITY REVIEW	MM	920	10-02-01
RESPONSE FORMALITY REVIEW	SL	809	12-17-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/30/01
2	✓	✓	8/30/01
3	✓	✓	8/30/01
4	✓	✓	8/30/01
5	✓	✓	8/30/01
6	✓	✓	8/30/01
7	✓	✓	8/30/01
8	✓	✓	8/30/01
9	✓	✓	8/30/01
10	✓	✓	8/30/01
11	✓	✓	8/30/01
12	✓	✓	8/30/01
13	✓	✓	8/30/01
14	✓	✓	8/30/01
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If more than 150 claims or 10 actions  
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12-18-01  
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